

*Infant Bailey,*

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Age

Maryland,

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

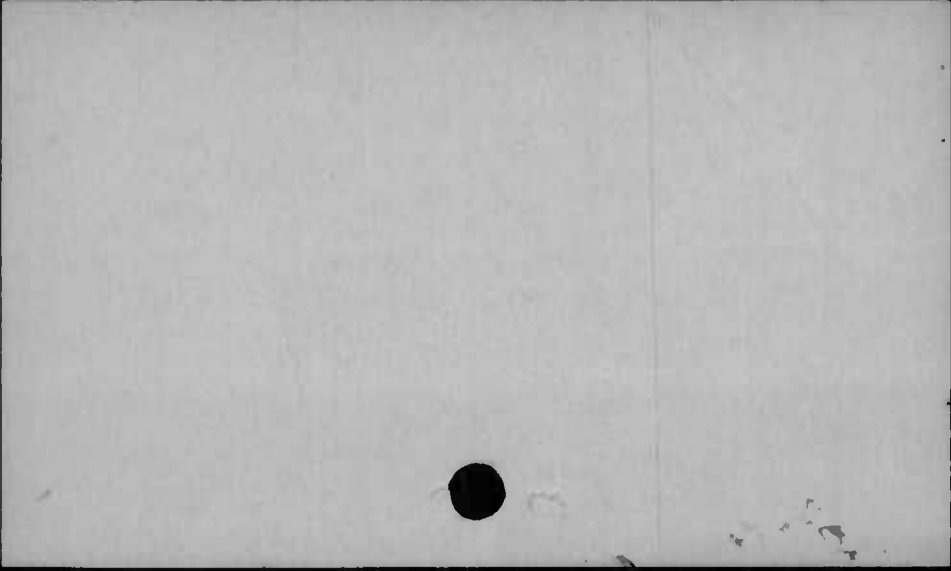
Immediate

Accident, Suicide, Homicide

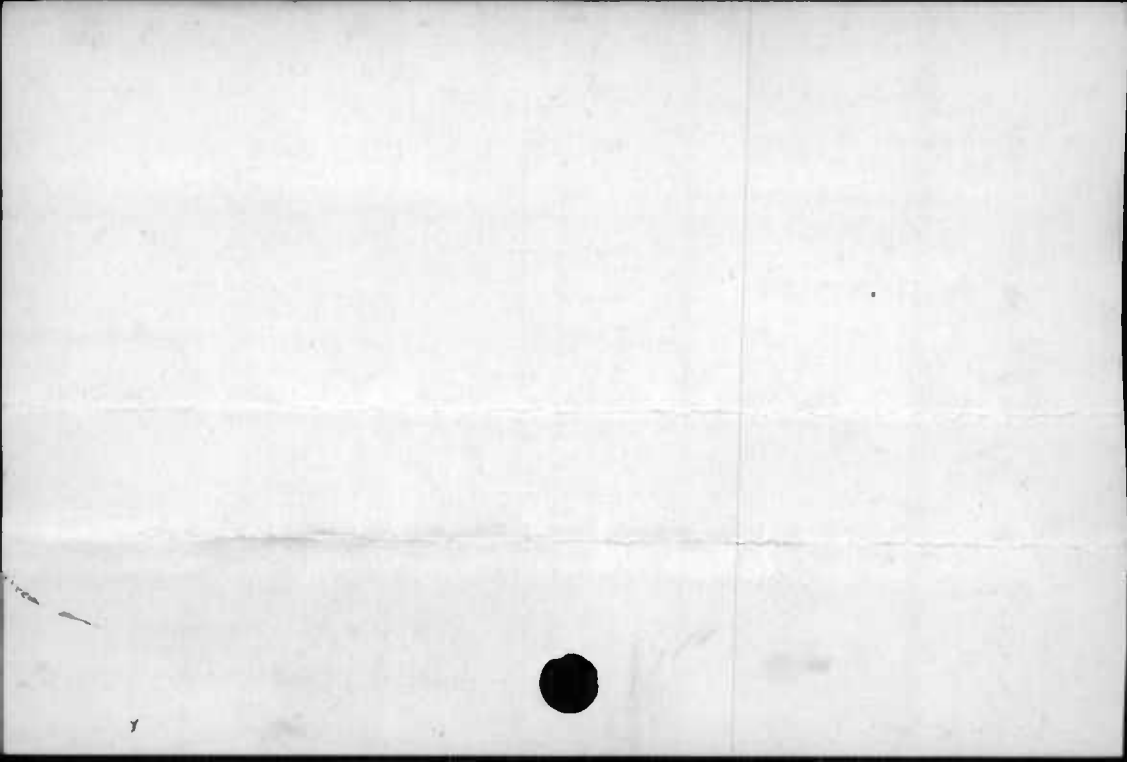
Reported by

Address

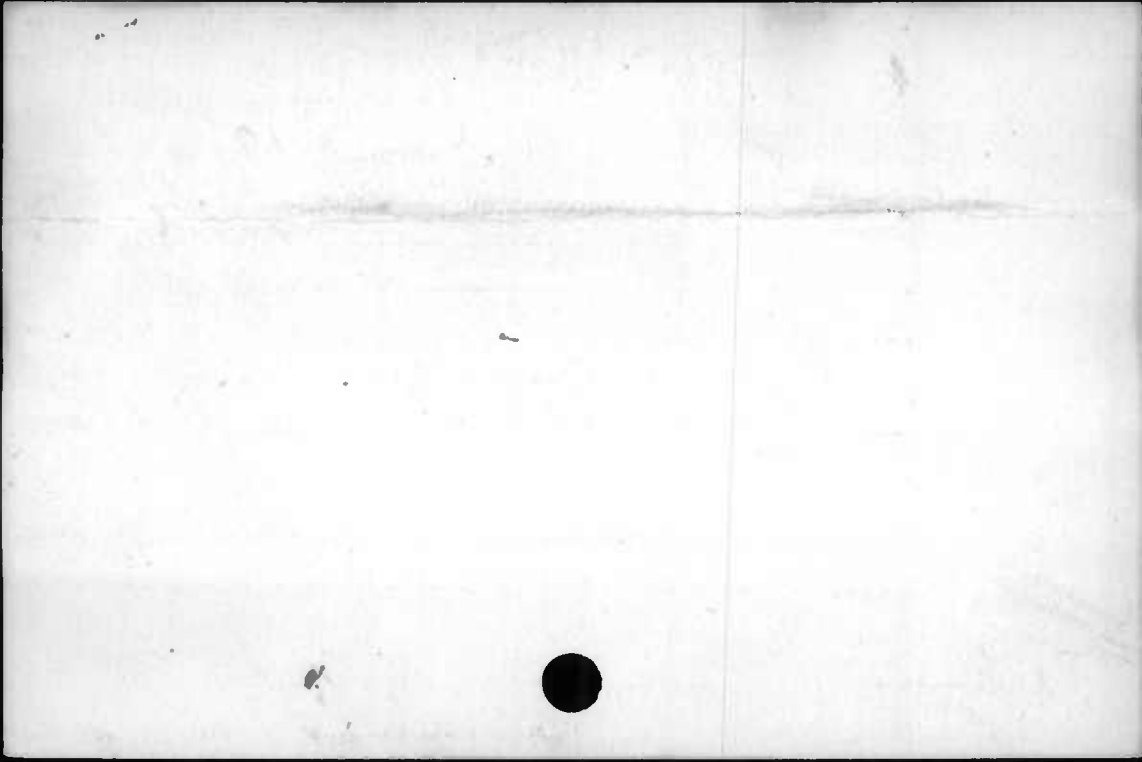
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Alice Elizabeth Brewer				Other -		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Age	
		1906		8		10		Years	
								Months	
								Days	
		Sex		Female		Color or Race		White	
		Occupation		None		Birth-place		Philadelphia	
				Where Residing if not at place of death		Philadelphia			
		Married, Single or Widowed		Married		Name of Wife or Husband			
		Father's Name		Roy A Brewer.		Father's Birthplace		Philadelphia	
		Mother's Maiden Name		Elizabeth Maxwell		Mother's Birthplace		Conowingo	
		Name of person giving information		Elizabeth Brewer.		How related to deceased		Mother.	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Diphtheria		How long		10 days	
		Immediate		Exhaustion		How long		-	
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		S. T. Roman	
		Accident -				Address		R.F.D. 1 Conowingo Cal Co Md	



Name in Full		Miss Emma L Brokaw				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fair Hill		County		MARYLAND		
	Date of death	1906	Month	Aug	Day	32	Age	62
							Months	10
							Days	19
	Sex	Female		Color or Race	White		Birthplace	Bond Brook N.Y.
	Occupation				Where Residing if not at place of death		Fair Hill	
	Married, Single or Widowed	Single		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name	Calvin C Brokaw				Father's Birthplace	Henry James	
	Mother's Maiden Name	Phoebe L. Larnette				Mother's Birthplace	" "	
	Name of person giving information	C C Brokaw				How related to deceased	Nephew	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cancer with Stricture of Oesophagus				How long	2 years	
	Immediate	Emaciation				How long	4 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Wm. J. Muller, M.D.		
					Address	North East, Ind.		
	Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

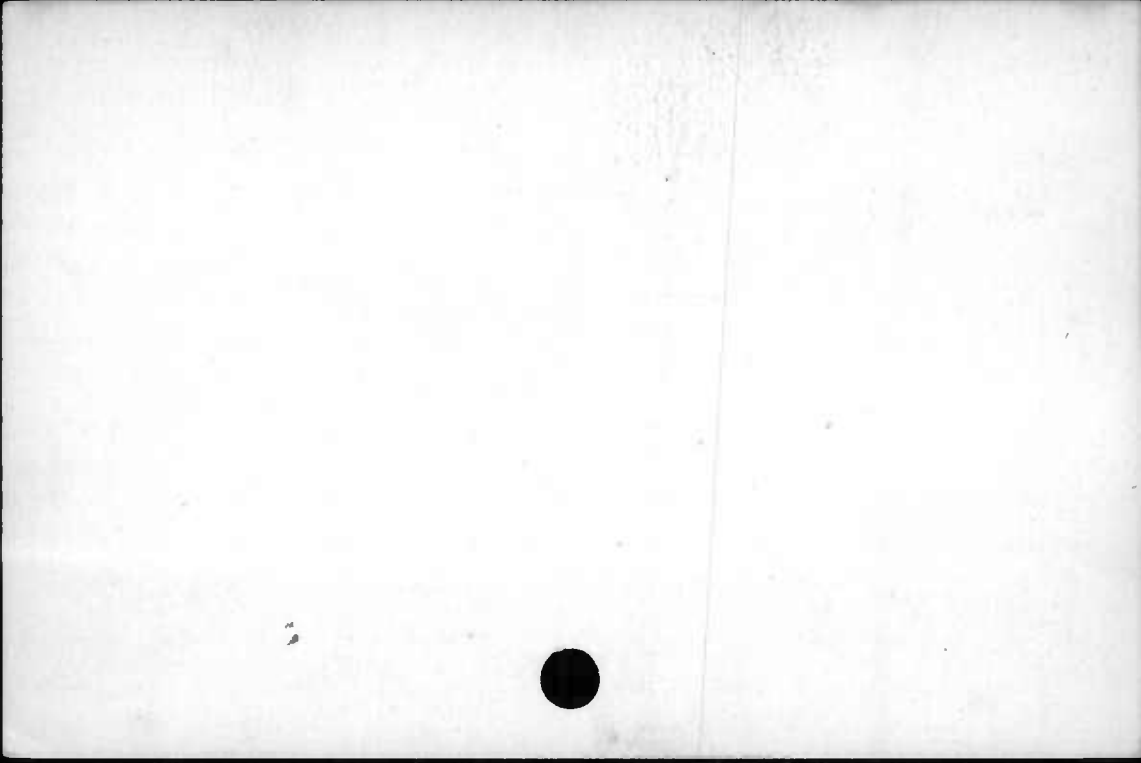
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John T Brown</i>		Town <i>Elkton</i>		County <i>Cecil</i>		State <b>MARYLAND</b>	
Died at <i>Elkton</i>		Month <i>Aug</i>		Day <i>11</i>		Age <i>67</i>	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>11</i>		Age <i>67</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Bank Teller</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mary Brown</i>					
Father's Name <i>John E Brown</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Anna Maria Robb</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>George Brown</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Poliomyelitis Anterior</i>	How long <i>4 or 5 years</i>
Immediate <i>Progressive muscular Atrophy</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Howard Branton</i>
	Address <i>[Redacted]</i>
Accident or Suicide?	





Name  
in  
Full

Louisa Carroll

## CERTIFICATE OF DEATH

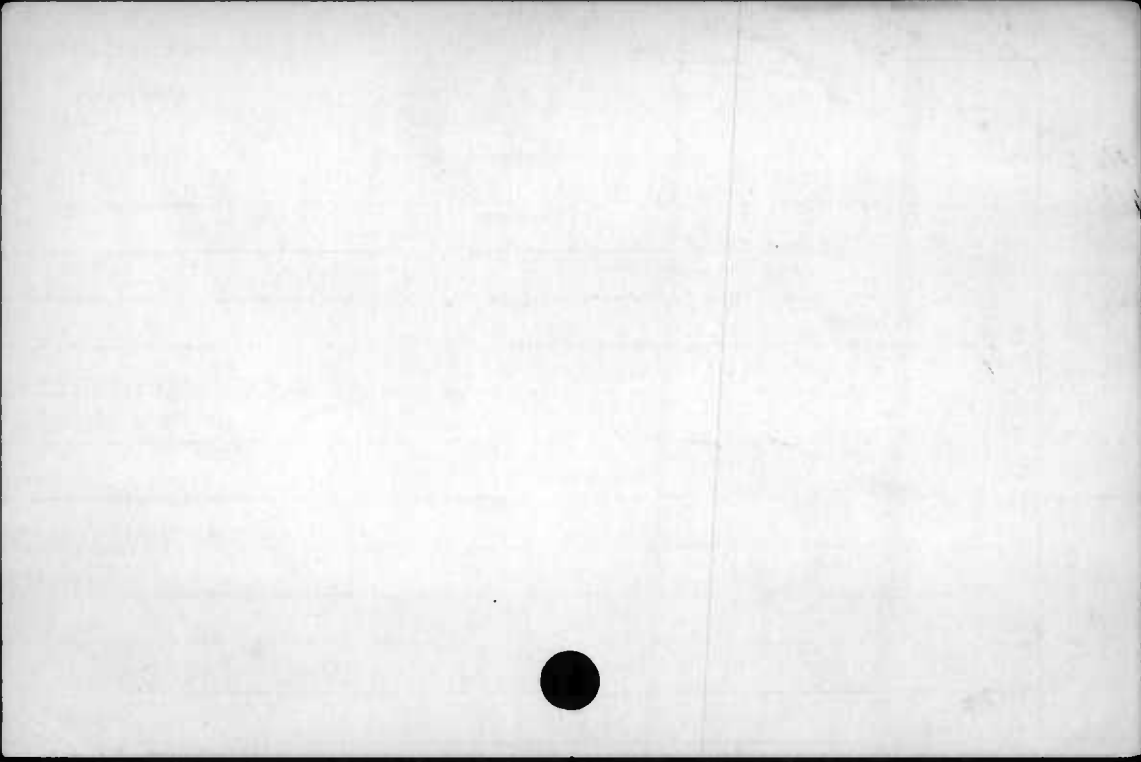
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Augustine</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death 190	<i>6</i> Month	<i>26</i> Day	Age	Years	Months <i>2</i> Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>St Augustine</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Annie Carroll</i>			Mother's Birthplace <i>St Augustine</i>		
Name of person giving information <i>Louisa Carroll</i>			How related to deceased <i>Grand Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease</i>	How long <i>2 months 24 days</i>
Immediate <i>Heart disease</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. O. Long M.D.</i>
	Address <i>Blacksburg City Va.</i>
Accident or Suicide?	



Name  
in  
Full

Margaret E. Cohen

## CERTIFICATE OF DEATH

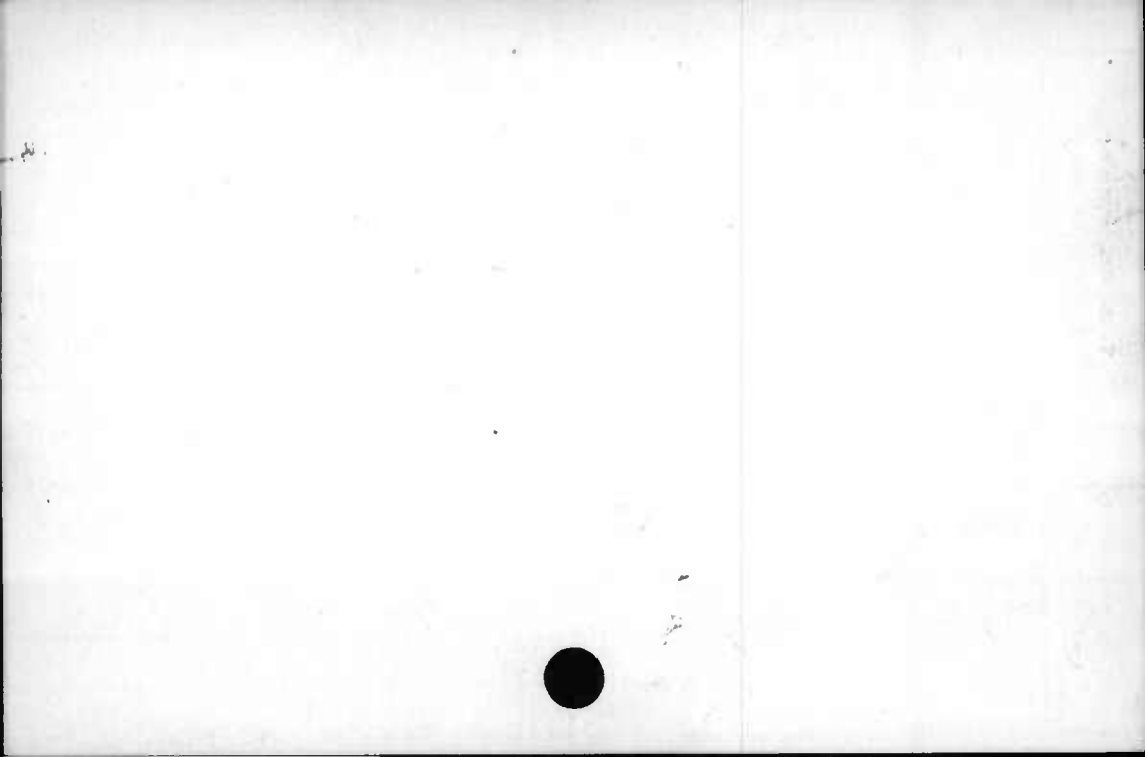
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredricktown</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>6</i>	Age <i>60</i> Years	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co.</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Isid Cohen</i>				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <i>Michael Cohen</i>				How related to deceased <i>son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Cancer</i>	How long <i>Six Months</i>
Immediate <i>Inanition heart-failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Wm. Laffin M.D.</i>
	Address <i>J. Wm. Laffin M.D.</i>
Accident or Suicide?	



Name  
in  
Full

Ellen M. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Childs</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>21</i>	Age <i>72</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Philadelphia, Pa.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Henry Bixset</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Maria Eeling</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Lillie Garrett</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Distended Gall Bladder - Operation</i>	How long <i>17 days</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. Corrioco M.D.</i>
	Address <i>Cherry Hill, Cecil Co., Md.</i>
Accident or Suicide? <i>—</i>	

Mrs Oscar F Davis

739 Corinthian ave -

Ohio

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *William Gillespie* Town *Principio Furnace* County *Cecil*

Died at *Principio Furnace*

Date of death *1906 Aug 26* Age *41* Months *6* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cecil Co*

Occupation *Machinist* Where Residing If not at place of death *Wilmington Del*

Married, Single or Widowed *Married* Name of Wife or Husband *May Gillespie*

Father's Name *Alexander Gillespie* Father's Birthplace *Cecil Co*

Mother's Maiden Name *Ellen Craig* Mother's Birthplace *" "*

Name of person giving information *May Gillespie* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid fever* How long *2 yrs*

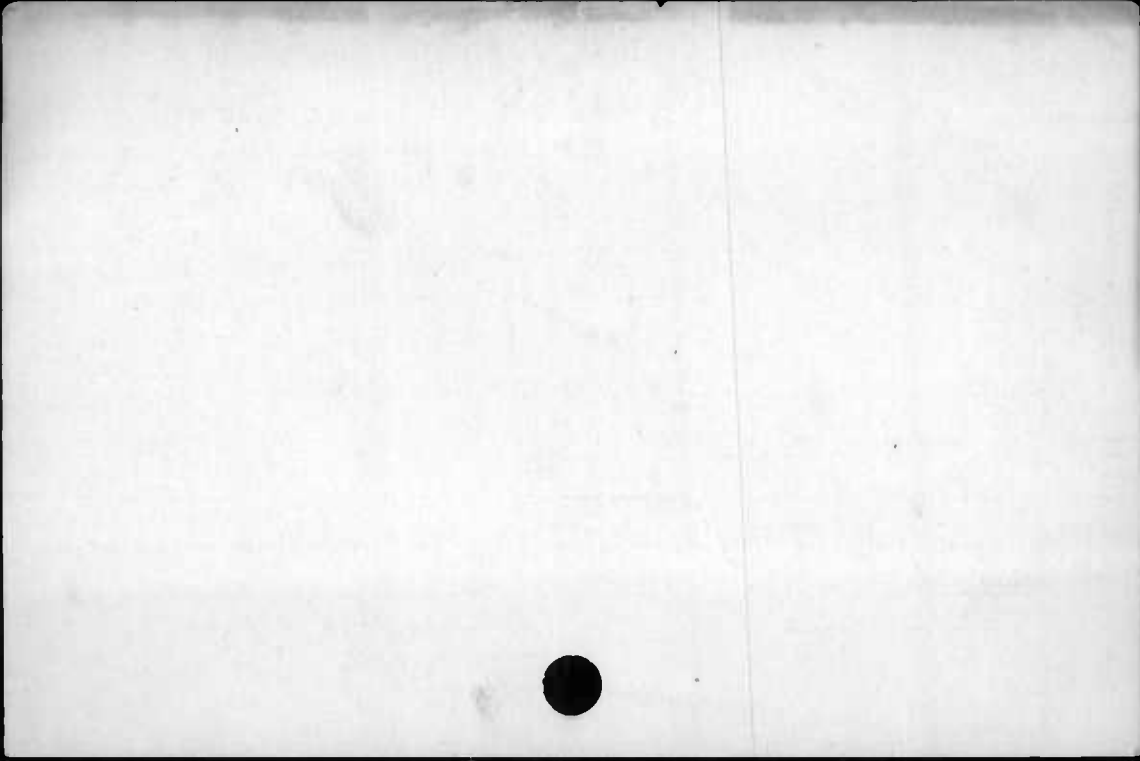
Immediate *Complications of fever* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. H. Starnes*

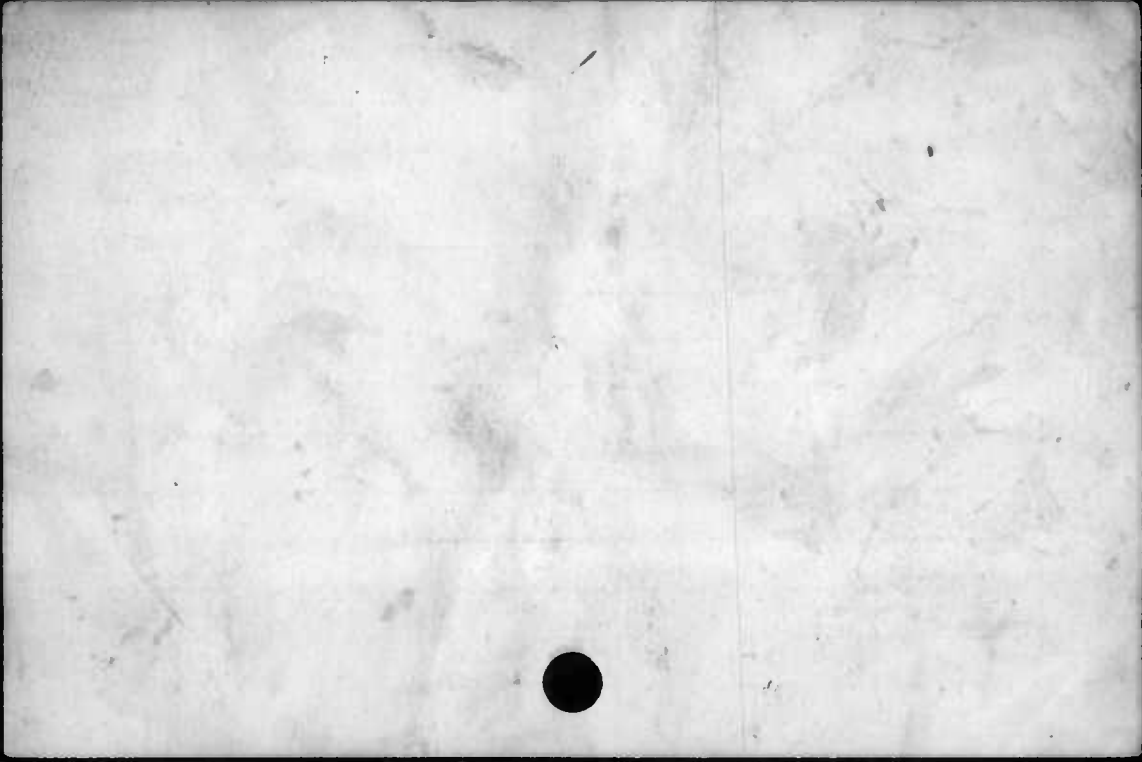
Address *Pomysville N.Y.*

Accident or Suicide? *No*





Name In Full		Loena Hamard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Port- <sup>Town</sup> Deposit -		County		Beech	
	Date of death		1906	Month	Aug	Day	12
	Age		81		Years		
	Sex	Male		Color or Race	Caucasian		
	Occupation	Cook		Birthplace	Bucks County, Pa.		
	Where Residing if not at place of death		Rock Run				
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		Harry Band		Father's Birthplace		
	Mother's Maiden Name		Susan Grant		Mother's Birthplace		
	Name of person giving information		Susan Band		How related to deceased		
					Daughter		
CAUSES OF DETH							
PHYSICIAN OR CORONER	Primary	Heart Disease			How long	18 months	
	Immediate	Transition			How long		
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			J. S. Brown			
	Address			Port Deposit			
Accident or Suicide?							



Name  
in  
Full

Albert Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Perryville Town Cecil County  
Date of death 1906 Month Aug Day 9 Age — Years — Months 2 Days —  
Sex Male Color or Race White Birth-place Perryville Ind  
Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Randolph Jackson

Father's Birthplace

Cecil Co Md

Mother's Maiden Name

Lena Hornburger

Mother's Birthplace

Harford Co "

Name of person giving information

Lena Jackson

How related to deceased

Mother

CAUSES OF DEATH

Primary

Inf of Bowel.

How long

2 weeks

Immediate

transition.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. E. Brown

Address

Port Hope F. Ind.

Accident or Suicide?

—



Name in Full **Elizabeth Euthenia Jones**

CERTIFICATE OF DEATH

MARYLAND

Died at **Calvert** Town **Cecil** County

Date of death **1906** Month **8** Day **5** Age **80** Years Months Days

Sex **Female** Color or Race **White** Birthplace **Penn**

Occupation **X** Where Residing if not at place of death

~~Married~~, Single or Widowed Name of Wife or Husband

Father's Name **Not Known** Father's Birthplace

Mother's Maiden Name **do do** Mother's Birthplace

Name of person giving information **W. B. Richardson** How related to deceased **No relation**

CAUSES OF DEATH

Primary **General Debility** How long **66** About 1 year  
Immediate **Paralysis** How long **5 days**

Are the name, age, sex, color, date and place correctly given above? **Yes**

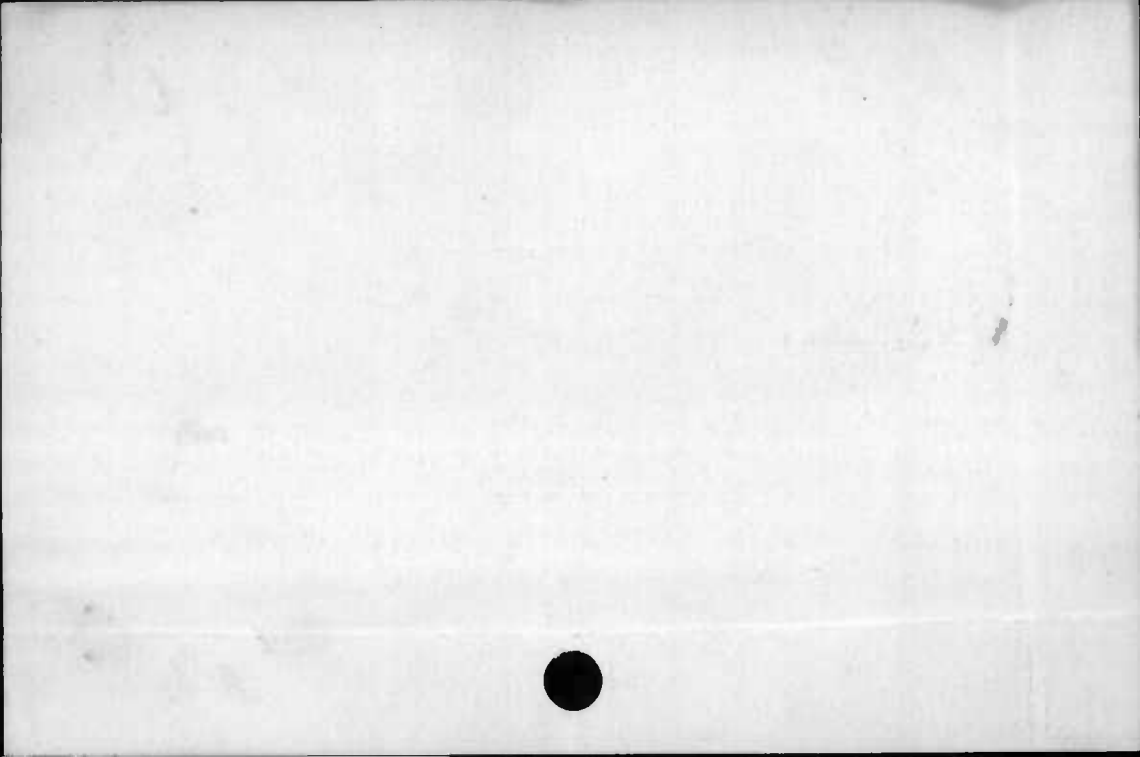
Signature of Physician **W. B. Richardson M.D.**

Address **Calvert Md**

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDName *Henry Knock* Town *Near Earleville* County *Cecil*Died at *Near Earleville* Date of death *1906* Month *8* Day *18* Age *40* Years Months DaysSex *Male* Color or Race *White* Birthplace *Cecil Co Md*

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
Husband*Mary A. Knock*Father's Name *William H. Knock*Father's Birthplace *Cecil Co, Md.*Mother's Maiden Name *Elizabeth S. Magill*Mother's Birthplace *Blount Co, N. J.*Name of person giving  
Information *Mary A. Knock*How related  
to deceased *Wife*

## CAUSES OF DEATH

Primary *Consumption*How long *Two years.*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Wm Black*  
*Sevillon*  
*Md*

Accident or Suicide?





Name  
in  
Full

William H Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

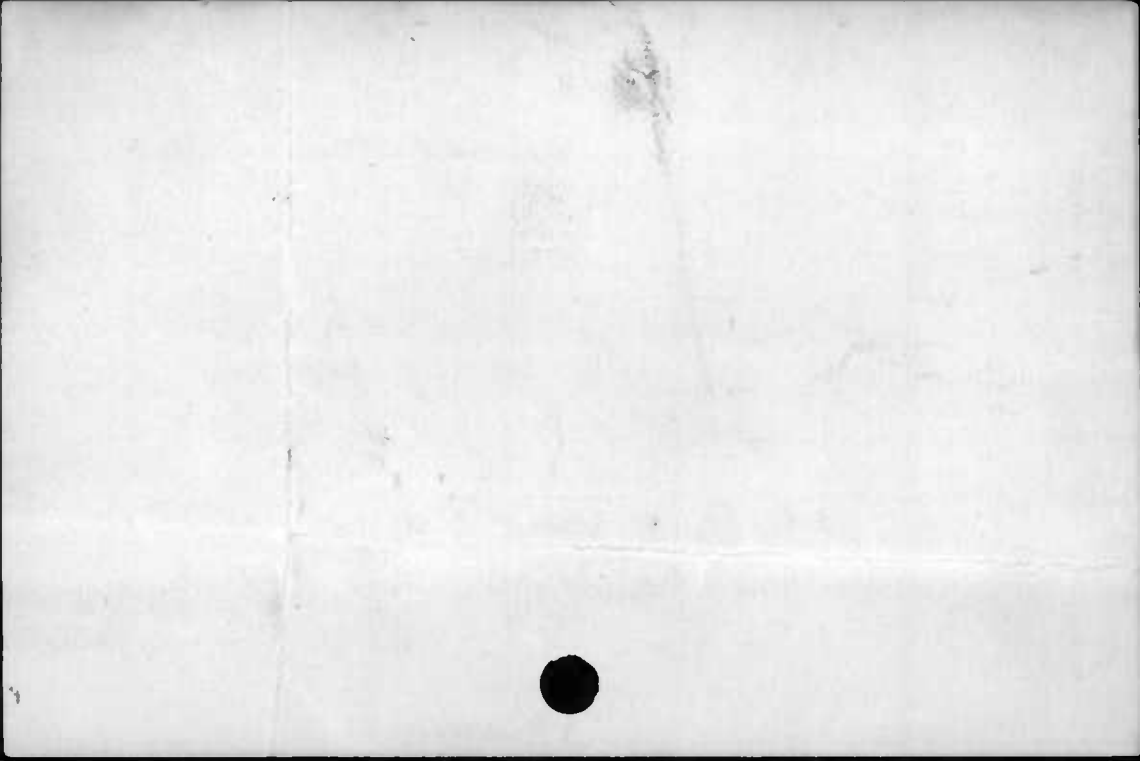
Died at <u>Bayview</u> <sup>Town</sup>		<u>Cecil</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906 Aug</u>		Month <u>Aug</u>	Day <u>1</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Bayview</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Walter Lewis</u>			Father's Birthplace <u>Cecil Co</u>		
Mother's Maiden Name <u>Georgie Neal</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Walter Lewis</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>105</u>
Immediate	<u>Cholera Infantum</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	

W. H. Hafford  
Bayview, Md



Name  
in  
Full

Lillie Carroll McLean

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

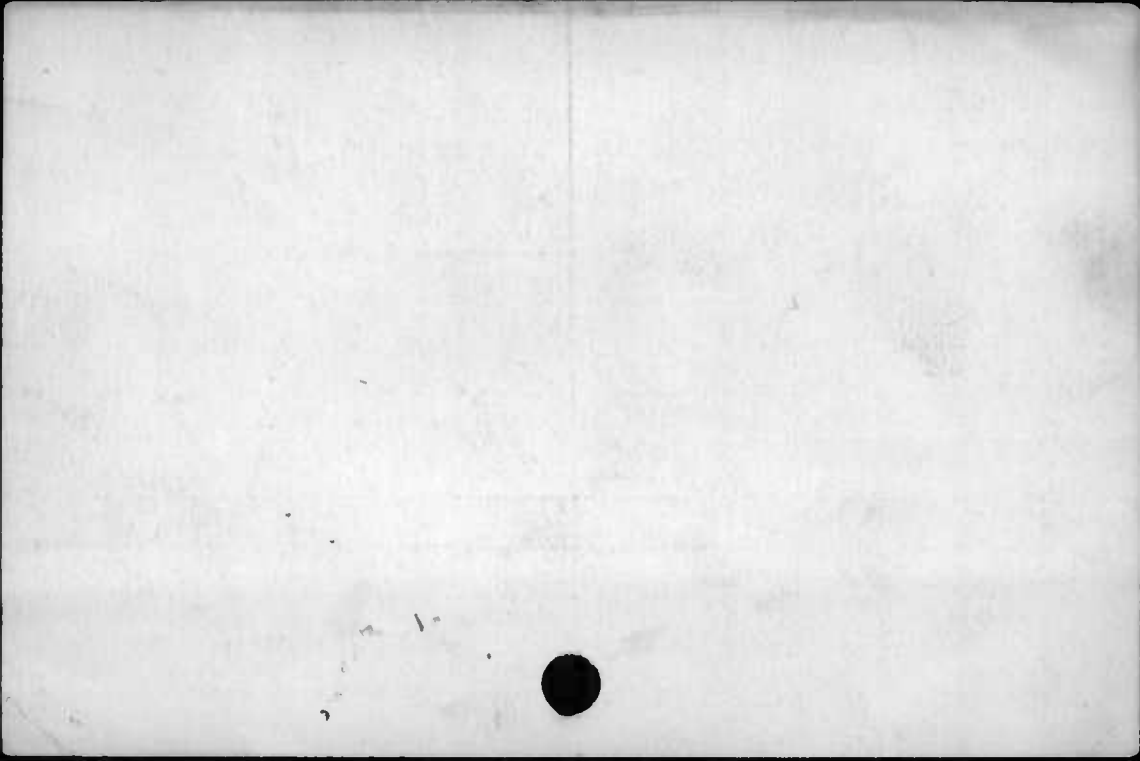
Died at <u>Rising Sun</u> <sup>Town</sup>		<u>Becil</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u> <sup>Month</sup> <u>Aug</u> <sup>Day</sup> <u>24</u>		Age <u>6</u> <sup>Years</sup>		<u>14</u> <sup>Months</sup> <u>14</u> <sup>Days</sup>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Rising Sun</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>William S. McLean</u>		Father's Birthplace <u>Harford Co</u>			
Mother's Maiden Name <u>Sadie Weaver</u>		Mother's Birthplace <u>Harford Co</u>			
Name of person giving information <u>Mrs Sadie McLean</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>Indigestion</u>	How long	<u>6 weeks</u>
Immediate	<u>Cholera</u>	How long	<u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Joanna R McDaniel 3rd

Town

County

MARYLAND

Died at

Asylum

Date

of death

1906

Month

aug

Day

6

Age

Years

75

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
HusbandFather's  
Name

Wm Livingston

Father's  
Birthplace

Pa

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Jesse H. Aslan

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Senile Dementia

How long

About 3 years.

Immediate

Exhaustion

How long

2 months.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Chas. F. Miller,

Address

North East, Md.

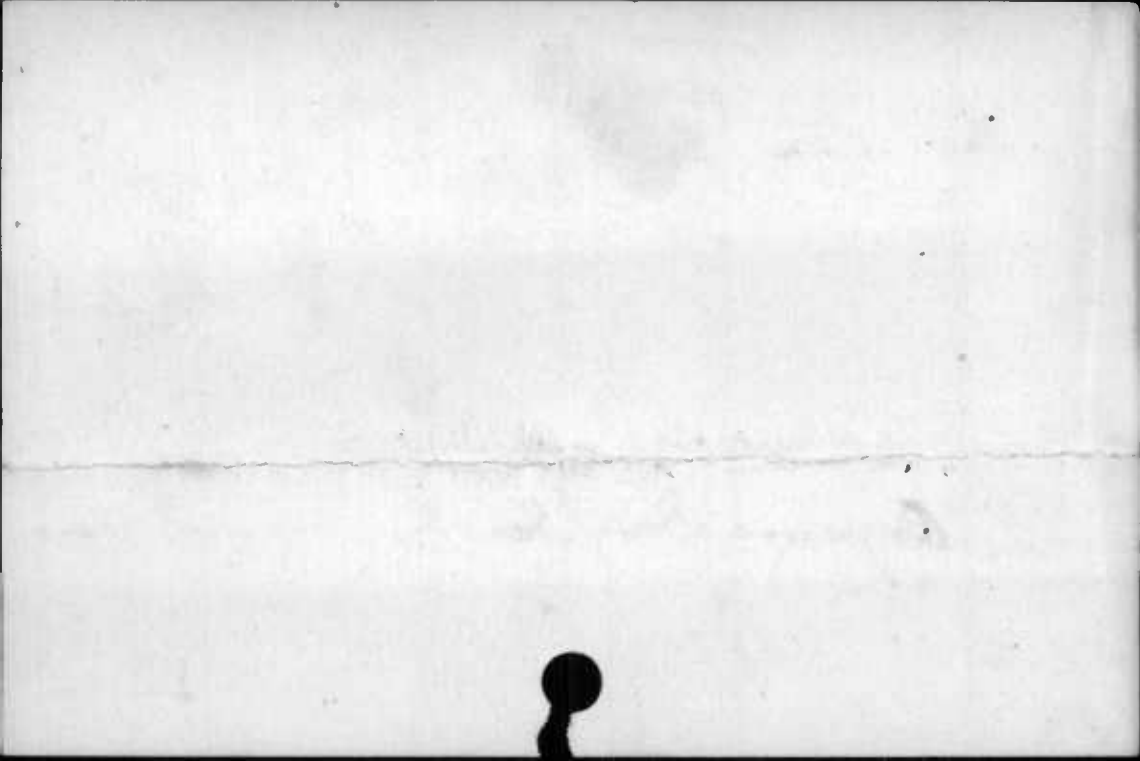
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

09 /



Name in Full		Richard B. Marr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town near Calvert	County Cecil	MARYLAND			
	Date of death	Month Aug.	Day 26	Years 66	Months	Days	
	Sex	Male	Color or Race	White	Birthplace	Elt. Kent. Md.	
	Occupation	Farmer		Where Residing if not at place of death near Calvert - Md.			
	Married, Single or Widowed	Married	Name of Wife or Husband	Maggie J. Marr			
	Father's Name	Leonard Marr		Father's Birthplace	Md.		
	Mother's Maiden Name	Mary Kirk		Mother's Birthplace	Delaware		
Name of person giving information	Maggie J. Marr			How related to deceased	Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Organic Dis. of Heart			How long	several years	
	Immediate	Heart Disease			How long		
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			David Mackey			
Address			Oxford Pa.				
Accident or Suicide?							





Name in Full		Town		County		State	
Anner Mutchler Miller		Toxaway		Hecil County		MARYLAND	
Died at		Date of death		Age		Months Days	
1906		August 28		42		Days	
Sex		Color or Race		Birth place		Where Residing if not at place of death	
Female		Colored		Chesapeake		Baltimore	
Occupation		Married, Single or Widowed		Name of Wife or Husband		Father's Name	
Housekeeper		Married		Anner M. Miller		Ben Rice	
Father's Name		Mother's Maiden Name		Name of person giving information		Father's Birthplace	
Ben Rice		Marriott Rice		John M. Miller		H. Ford, Pa.	
How related to deceased		CAUSES OF DEATH		Mother's Birthplace		Lynchburg, Va.	
husband							
Primary		How long		Immediate		How long	
Phlegmasia alba dolens		6 wks		Heart Failure		✓	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
yes		J. M. Ragan		Conowingo, Md.			
Accident or Suicide?							



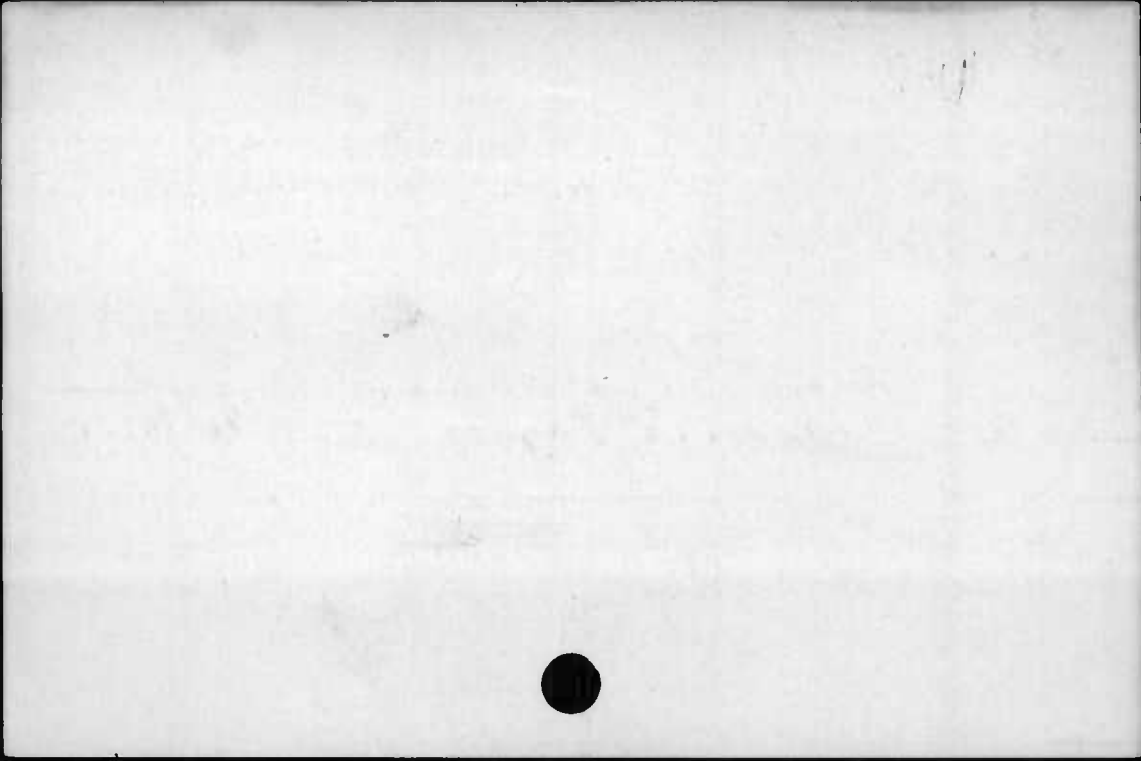
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

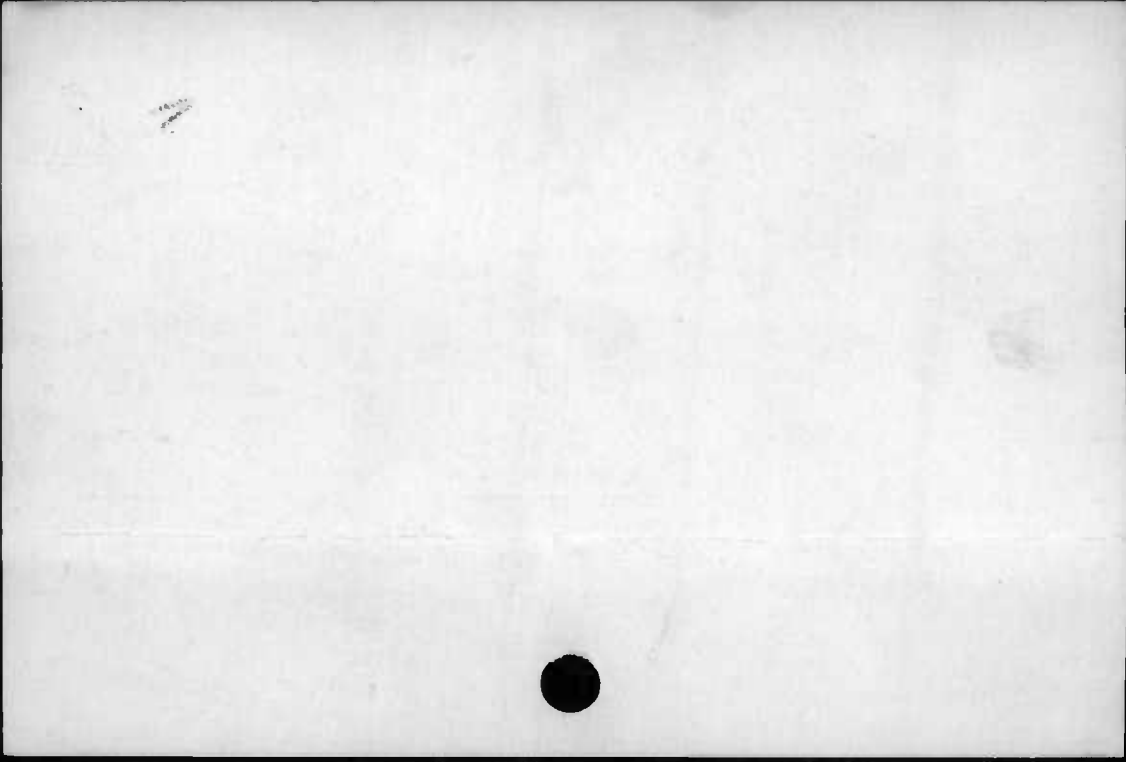
Name in Full <b>George Payne Jr</b>		Town <b>Chesapeake City</b>		County <b>Cecil</b>		MARYLAND	
Died at <b>Chesapeake City</b>		Date of death <b>1906</b>		Month <b>8</b>		Day <b>30</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Age <b>—</b>		Years <b>3</b>	
Occupation <b>Infant</b>		Where Residing if not at place of death <b>Chesapeake City</b>		Birthplace <b>Chesapeake City</b>		Months <b>14</b>	
Married, Single or Widowed <b>X</b>		Name of Wife or Husband <b>X</b>		Father's Birthplace <b>Cecil, Col.</b>		Mother's Birthplace <b>Chesapeake City</b>	
Father's Name <b>George Payne</b>		Mother's Maiden Name <b>Margaret Morgan Cochran</b>		How related to deceased <b>Gr. Mother</b>		Name of person giving information <b>Mrs Isaac Payne</b>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <b>Cerebral meningitis</b>	How long <b>6</b>
	Immediate <b>Convulsions</b>	How long <b>3 hours</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W. B. Karsner M.D.</b>
		Address <b>Chesapeake City</b>
Accident or Suicide?		



Name in Full		Maggie Peters		5th Dist		CERTIFICATE OF DEATH	
Died at		Morgantown		Cecil County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		8	4		1	2	18
Sex		Female		Color or Race		Black	
Occupation		Baby		Birth-place		Morgantown	
Where Residing if not at place of death							
Married, Single or Widowed		✓		Name of Wife or Husband		✓	
Father's Name		Howard Johnson				Father's Birthplace	
Mother's Maiden Name		Sue Peters				Mother's Birthplace	
Name of person giving information		Amos Brown				How related to deceased	
						Niece	
CAUSES OF DEATH							
Primary		Inanition				How long	
Immediate		Heart Failure				always	
Are the name, age, sex, color, date and place correctly given above?		yes				How long	
						✓	
Signature of Physician		J. M. Rayan					
Address		Conowingo Md.					
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Lorenza Pratt</i>		Town <i>Annerst</i>		County <i>Orice</i>		MARYLAND	
Died at							
Date of death		1906	Month <i>Aug.</i>	Day <i>18</i>	Years <i>Age</i>	Months <i>Six</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Concord</i>			
Occupation				Where Residing if not at place of death <i>Concord, Md</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>William Pratt</i>				Father's Birthplace <i>Middleton Del.</i>			
Mother's Maiden Name <i>Lora Gries</i>				Mother's Birthplace <i>Mt Pleasant, Del</i>			
Name of person giving information <i>Corra Pratt</i>				How related to deceased <i>Widow</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>105</i> <i>4 days</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Oletha Chavis M.D.</i>	
		Address <i>Blacksburg City, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Johes Ralph Preston

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

August

10

Age

-

-

10

Sex

Male

Color or  
Race

White

Birth-  
place

North East

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Walter R Preston

Father's  
Birthplace

Harford co

Mother's  
Maiden Name

Milvina Jones

Mother's  
Birthplace

North East

Name of person giving  
In formation

William H Jones

How related  
to deceased

grand father

## CAUSES OF DEATH

Primary

Icterus Neonatorum

How long

10 days

Immediate

Inanition

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Theo A Morrell

Address

North East Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

Charlestown C. E.

Name  
in  
Full

*Callandra F Rowland*  
*Rowland Hills* *Booth Co -*

## CERTIFICATE OF DEATH

MARYLAND

Died at *Rowland Hills* *Booth Co -*  
 Date of death *1906* Month *August* Day *26* Age *81* Months *7* Days *—*

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *Housekeeping* Where Residing If not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Wm B Rowland*

Father's Name *Dr John K Sappington* Father's Birthplace *Kentucky*

Mother's Maiden Name *Rebecca Creeper* Mother's Birthplace *Pa*

Name of person giving information *Helena Rowland* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Apoplexy of the Jacksonian in Epilepsy* How long *Immediate*

Immediate *Paralysis - exhaustion sleep - 9 days* How long *9 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*S. T. Roman*

*Rt D #1*

*Boonville 9<sup>th</sup> Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Robert H. Scarborough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Seeds</i> Town <i>Ind</i> County <i>Sevier</i>			
Date of death <i>1906</i>	Month <i>8</i>	Day <i>2</i>	Age <i>73</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Months <i>5</i>	Days <i>13</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Seeds Ind</i>		Birthplace <i>Seeds Ind</i>
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Williammina Scarborough</i>		
Father's Name <i>Enos Scarborough</i>	Father's Birthplace <i>Seeds Ind</i>		
Mother's Maiden Name <i>Maria Hingale</i>	Mother's Birthplace <i>Penna</i>		
Name of person giving information <i>Williammina Scarborough</i>	How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>4 months</i>
Immediate <i>Pyæmia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. J. Parrieo M.D.</i>
	Address <i>Cherry Hill Ind</i>
Accident or Suicide? <i>no</i>	

Interment - Leeds Ind.

Name  
in  
Full

Howard Benjamin Smith

## CERTIFICATE OF DEATH

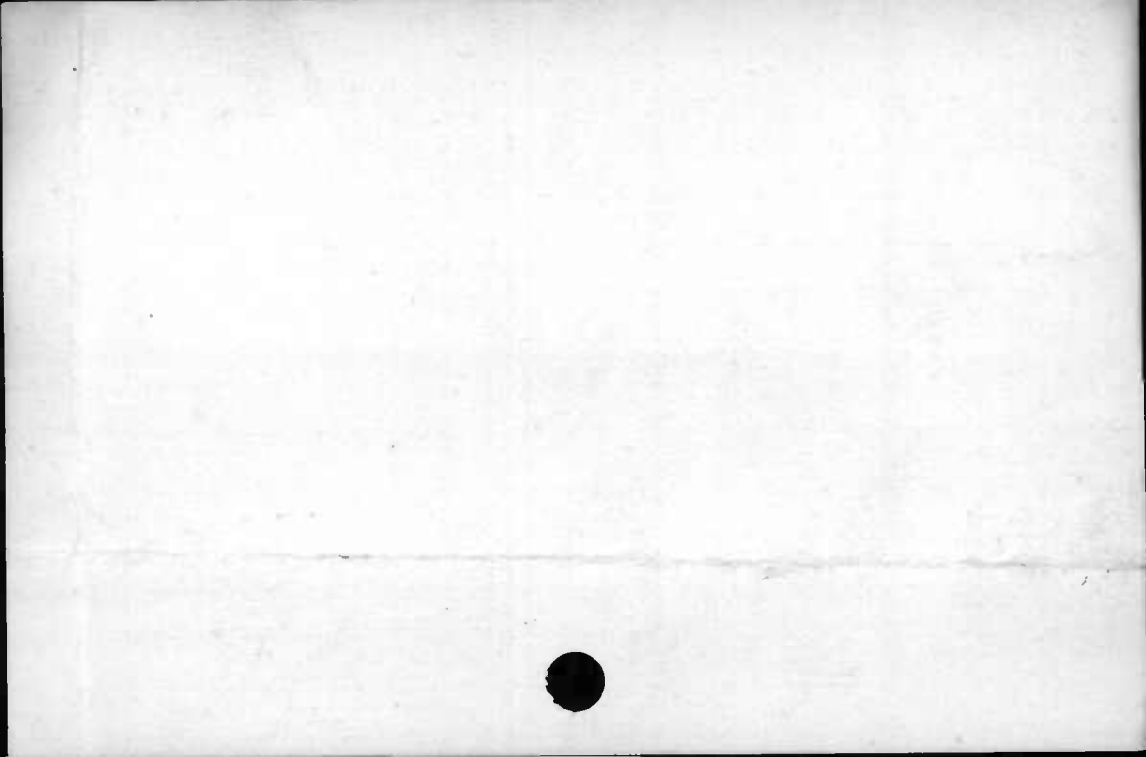
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town</i> <i>near Blake</i>		<i>County</i> <i>Cecil</i>		MARYLAND	
Date of death	1906	Month	Aug	Day	28
Sex <i>Male</i>		Color or Race <i>Black</i>		Age <i>6</i>	
Occupation		Birth-place <i>near Blake</i>		Months	
Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William Smith</i>		Father's Birthplace <i>Calvert Md</i>			
Mother's Maiden Name <i>Lizzie Gale</i>		Mother's Birthplace <i>Calvert Md</i>			
Name of person giving information <i>William Smith</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Non development</i>	How long	<i>One week</i>
Immediate	<i>Yes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Chas F Muller</i>
		Address	<i>North East</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Edilton</i>		County <i>Bees</i>		MARYLAND			
Date of death		Month <i>aug</i>		Day <i>18</i>		Age <i>69</i>		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>					
Occupation <i>Farmer</i>				Where Residing if not at place of death					
Married, <del>Single</del> or Widowed				Name of Wife or - Husband <i>—</i>					
Father's Name <i>John Sterling</i>				Fether's Birthplace <i>—</i>					
Mother's Maiden Name <i>Margery Gallaben</i>				Mother's Birthplace <i>—</i>					
Name of person giving In formation <i>Mary Dunbar</i>				How related to deceased <i>Daughter</i>					

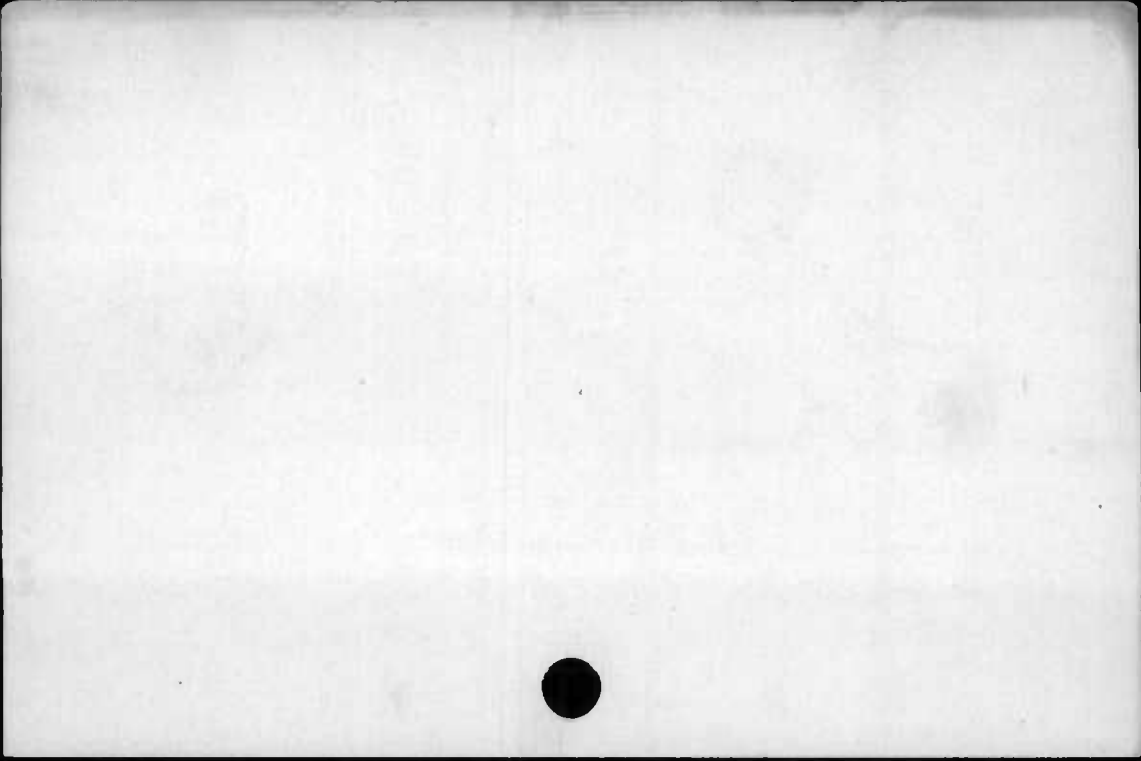
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pernicious Anaemia</i>	How long <i>2 or 3 yrs</i>
Immediate	<i>Exhaustion</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Howard Branton</i>
		Address <i>[Redacted]</i>
Accident or Suicide?		



Name in Full		Anna M. Torbert				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Perryville	County Cecil	MARYLAND		
		Date of death		1906	Month Jan	Day 23	Age 21	Months 1
		Sex		Female		Color or Race	White	
		Occupation		Housewife		Where Residing if not at place of death		Birthplace Columbia Pa
		Married, Single or Widowed		Married		Name of Wife or Husband		Philip S. Torbert
		Father's Name		Charles Keeney		Father's Birthplace		Columbia Pa
		Mother's Maiden Name		Annie Martin		Mother's Birthplace		Pa
		Name of person giving information		Annie Keeney		How related to deceased		Mother
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long	6 months	
		Immediate		Infection		How long	3 weeks	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Perryville, Md		How long		
Accident or Suicide?								



Name in Full *William H. Walls*

CERTIFICATE OF DEATH

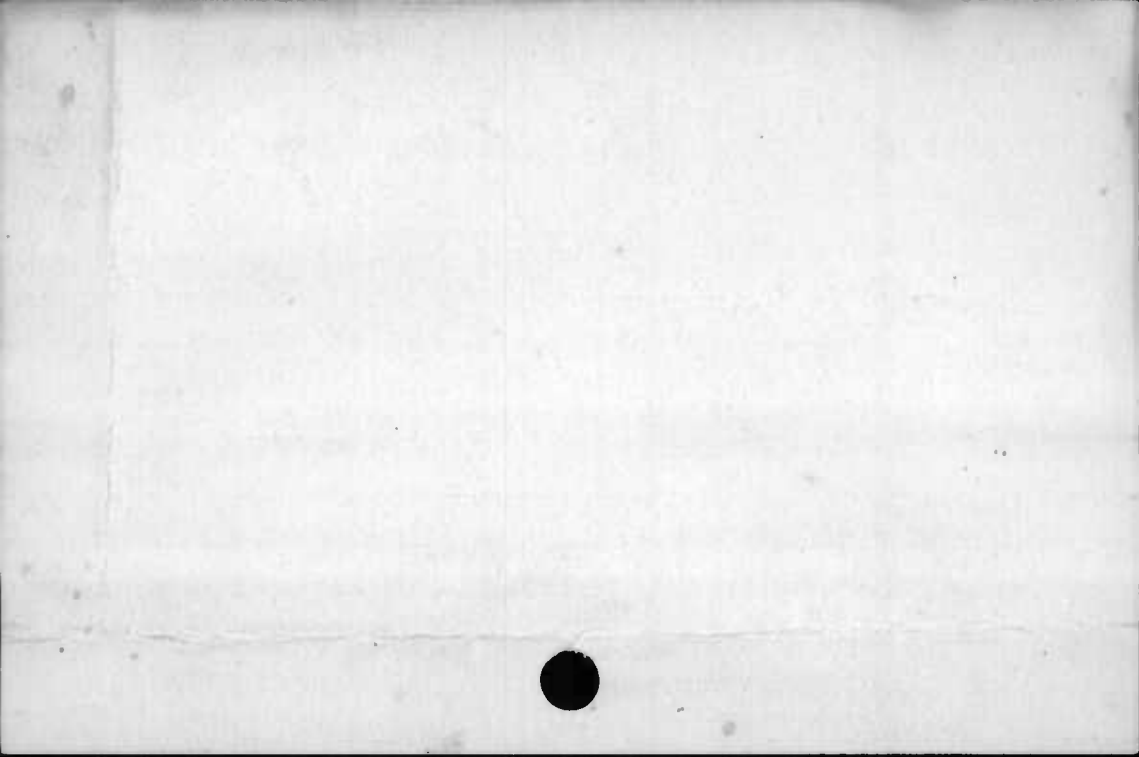
TO BE ANSWERED BY  
NEAREST FRIEND

Died at			County			MARYLAND		
Month			Days			Years		
Date of death			Age			Months		
1906 Aug 6			52			1 3		
Sex			Color or Race			Birth-place		
male			White			Ceil Ga Md		
Occupation			Where Residing if not at place of death					
Farmer			9					
Married, Single or Widowed			Name of Wife or Husband					
married			Mary E. Walls					
Father's Name			Father's Birthplace					
Daniel Walls			Not known					
Mother's Maiden Name			Mother's Birthplace					
Hannah Ingram			Not known					
Name of person giving information			How related to deceased					
Mary E. Walls			wife					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Accident: Horse ran away			
Immediate		How long	
Hemorrhage			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. L. Hufford	
		Address	
		Baltimore Md	
Accident or Suicide			
Accident			



Name  
in  
Full

Reba Morrison Watson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

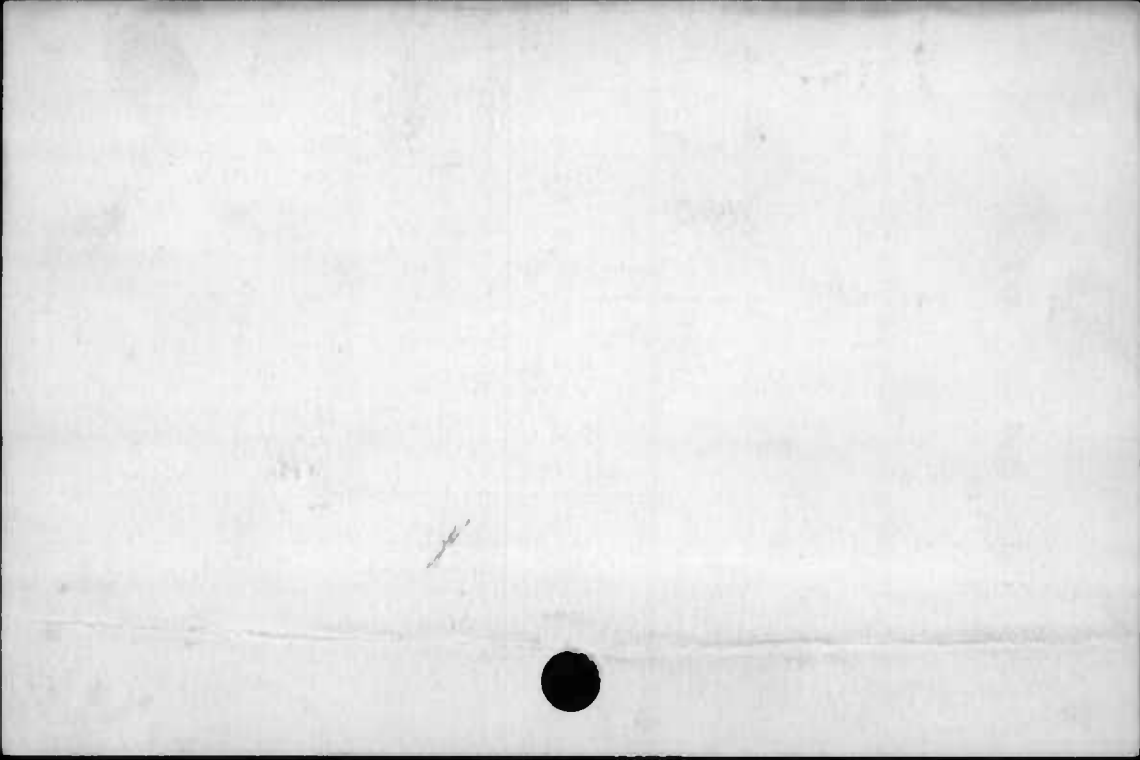
Died at <i>Sylmar</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1906	Month	Aug.	Day	7
Age		22		Months	
Sex	Female		Color or Race	White	
Occupation	Married		Birth-place	Sylmar	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	George R. Watson,	
Father's Name	Wm. R. Morrison		Father's Birthplace	Pa.	
Mother's Maiden Name	Agnes A. Brown		Mother's Birthplace	Maryland	
Name of person giving information	George R. Watson		How related to deceased	husband	

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary	<i>Pregnancy</i>		How long	<i>8 months</i>	
Immediate	<i>Placenta Praevia</i>		How long	<i>14 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		<i>John H. Jones</i> <i>Residence</i> <i>MA</i>	
Accident or Suicide?					





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Elk Neck* Town *Elk Neck* CountyDate of death *1906* *Aug.* *13* *13* *74* *9* *9*Sex *Female* Color or Race *White* Birth-place *Elk Neck Md*Occupation *Housekeeper* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or HusbandFather's Name *Stephen Hyland* Father's Birthplace *Elk Neck*Mother's Maiden Name *Elizabeth Hyland* Mother's Birthplace *" "*Name of person giving information *Wm. J White* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Apoplexy* *(64)* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



PHYSICIAN  
OR CORONER

Sylvester Whitetoch

# CERTIFICATE OF DEATH

MARYLAND

Died at <i>near Perryville</i>		<i>Cecil</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>Aug</i>	<i>3</i>	<i>65</i>	<i>—</i>	<i>—</i>

Sex	Male	Color or Race	White	Birth-place	Cecil Co
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Occupation	Where Residing if not at place of death
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Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Whitelock*

Father's Name	Charles Whitlock	Father's Birthplace	Cecil Co
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Mother's Maiden Name	Catharine Howlett	Mother's Birthplace	" "
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Name of person giving information	Elisabette Whitlock	How related to deceased	Wife
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### CAUSES OF DEATH

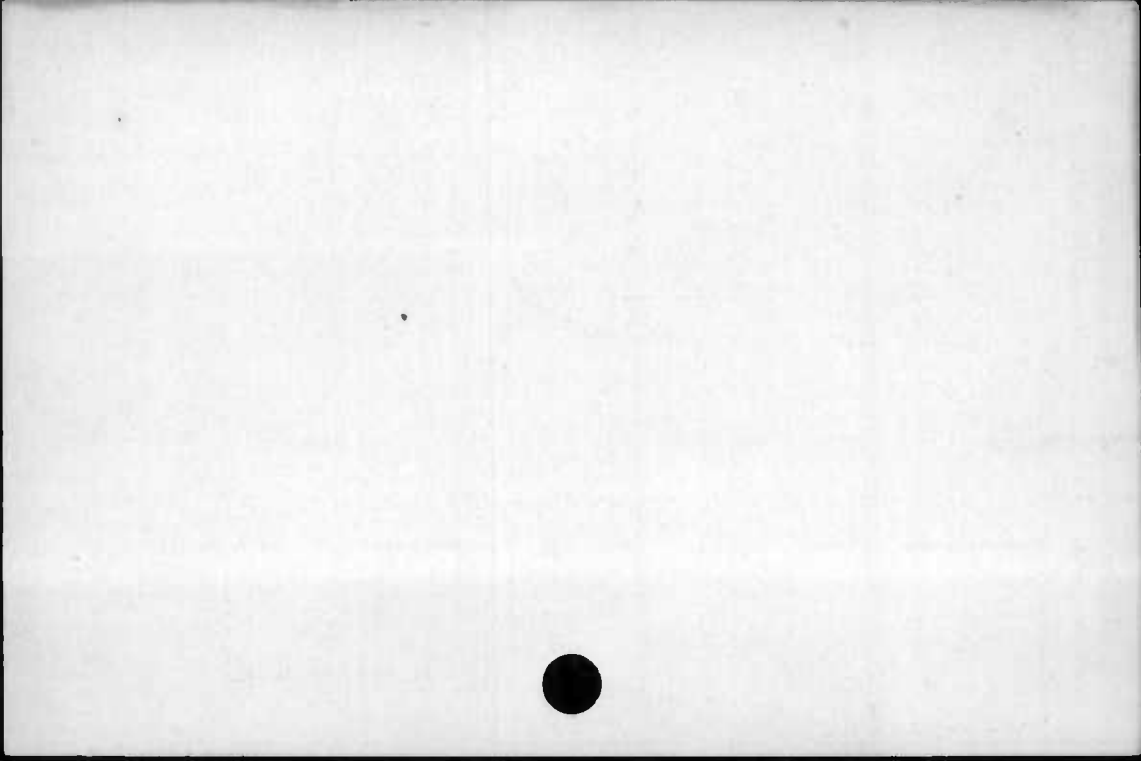
Primary	<i>Cancer of Liver</i>	How long	<i>40</i>	<i>6 months</i>
Immediate	<i>Invasion</i>	How long		<i>6 weeks</i>

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *George. H. Hunt*

Address Pengelly Vale

## Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *St. Augustine* Town *Osceola* CountyDate of death *1906 August 16* Month *August* Day *16* Age *—* Years *—* Months *10* Days *6*Sex *Male* Color or Race *Colored* Birth-place *St. Augustine Md*Occupation *—* Where Residing If not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Chas H. Wright* Father's Birthplace *St. Augustine Md*Mother's Maiden Name *Hattie W. Wright* Mother's Birthplace *Queens, Md*Name of person giving information *Chas H. Wright* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Cerebral Pneumonia* How long *3 minutes*Immediate *General Convulsion* How long *5 or 6 days*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Chas H. Wright Md*  
*Chesapeake City Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER

1000



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Denah Elliott Yeatts

Town

County

Died at

Conowingo

Cecil

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

August

25

Age 80

7

Sex

Female

Color or  
Race

White

Birth-  
place

Carlyle Eng.

Occupation

Retired

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

James Yeatts

Father's  
Name

Wm Phillips

Father's  
Birthplace

England

Mother's  
Maiden Name

Margaret Elliott

Mother's  
Birthplace

England

Name of person giving  
In formation

Marion McDowell

How related  
to deceased

Grand Daughter

## CAUSES OF DEATH

Primary

Senility

How long

Several years

Immediate

dearth of cough

How long

One year

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S. J. Roman

Address

Rt 2 Conowingo Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

